



# State of Rhode Island Department of Business Regulation



## *DIVISION OF COMMERCIAL LICENSING AND REGULATION* **TRAVEL SECTION**

233 Richmond Street, Suite 230  
Providence, Rhode Island 02903-4230  
Telephone (401) 222-2416 Facsimile (401) 222-6654  
[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

### INSTRUCTIONS FOR TRAVEL AGENT AND OR MANAGER APPLICATION

TO AVOID DELAY, READ ALL INSTRUCTIONS CAREFULLY!

1. MAKE SURE YOU HAVE THE CORRECT APPLICATION FOR THE LICENSE YOU ARE APPLYING FOR.
2. EACH APPLICATION FOR LICENSE MUST BE ACCOMPANIED BY THE REQUIRED LICENSE FEE OF \$50.00. MAKE CHECK PAYABLE TO "GENERAL TREASURER OF RHODE ISLAND".
3. ALL APPLICATIONS MUST BE ACCOMPANIED BY A COMPLETED BCI WAIVER FORM
4. PLEASE PRINT OR TYPE. NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.
5. EACH QUESTION MUST BE FULLY AND TRUTHFULLY ANSWERED. ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR REFUSAL OR SUBSEQUENT REVOCATION OF LICENSE.
6. USE ADDITIONAL SHEETS OF PAPER IF SPACE PROVIDED FOR ANSWER IS NOT SUFFICIENT AND REFERENCE EACH ITEM BY NUMBER AS IT APPEARS ON THE APPLICATION.

A copy of the Rhode Island Travel Laws, and the Travel Rules and Regulations are available in our office for a fee of \$2.00 Check should be payable to General Treasurer State of Rhode Island. Or you may attain them through our web site @[www.dbr.state.ri.us](http://www.dbr.state.ri.us).

If you should have any questions, please feel free to call.

Thank You.



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License Fee: \$50.00

Payable to: RI General Treasurer

**APPLICATION FOR TRAVEL MANAGER LICENSE**

Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S. Citizen? ☐ Yes ☐ No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Agency Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Agency License Number: \_\_\_\_\_ Agency Telephone Number: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

Are you employed by more than one Travel Agency? ☐ Yes ☐ No  
If Yes, Explain and Include agency information.

Will you be engaged in any other business, occupation or profession? ☐ Yes ☐ No  
If Yes, Please explain:

Have you completed any training programs in the travel Industry? ☐ Yes ☐ No  
If Yes, List kind of training.

Have you completed any schooling related to the travel Industry? ☐ Yes ☐ No  
If Yes, List School and Date of Graduation.

If you answered No to either of the last two (2) questions please list in full detail your experience in the travel industry:

Travel Manager Application Continues...



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...Continuation of Travel Manager Application...

List travel organization memberships (if any):

Have you read and do you understand the provisions of Title 5, Chapter 5-52 of the General Laws of Rhode Island and the Rules and Regulations of the Department of Business Regulation pertaining to the regulation of travel agency and agents?

☐ Yes

☐ No

Employment Record: List chronologically all employment with in the last 3 years. Begin with you PRESENT employer. If you have ever been suspended or discharged by any employer, explain or separate sheet.

Date Held From/To

Position Held

Name and Address of Employer

\*\*\*\*\*  
OATH OF APPLICANT.

Have you ever been convicted of any crime other than a traffic violation in this state or any other jurisdiction? ☐ Yes ☐ No  
If, Yes give explanation.

I hereby make oath to the truthfulness and accuracy of all foregoing statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to \_\_\_\_\_, at \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_  
Signature of Notary Public:

My Commission Expires: